

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N99000006499

1. Corporation Name

CONGREGATION OF SHAARE YERUSHA LAIIM, CORP.

2. Principal Office Address - No P.O. Box #

986A KILGORE ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FL 32836

Zip

32836

Country

USA

3. Mailing Office Address

9101 KILGORE ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FL 32836

Zip

32836

Country

USA

**7. Name and Address of Current Registered Agent**

Name

IGAL HADDAD

Street Address (P.O. Box Number is Not Acceptable)

9101 KILGORE ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2-12-2007

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	IGAL HADDAD	9101 KILGORE ROAD	ORLANDO, FL 32836
VP	MOSHE SHOSHAN	8412 ST. MARINO BLVD	ORLANDO, FL 32836

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-12-2007

Daytime Phone #

407-928-8974

FILED

2007 MAR -5 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900092346509  
03/13/07--01014--004 \*\*665.00

REINSTATEMENT 00-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

11-2-1999

5. FEI Number

59-3611871

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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